

**CITY OF ARLINGTON
TRAINED POOL OPERATOR REGISTRATION**

Registration Fee: \$20.00

Please print – all information must be completed.

Name _____
Last First Initial

Home Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Date of Birth _____ Social Security No. _____

Drivers License # _____ State _____ Other I.D. _____
(photo copy of drivers license is required)

Pool Site to Which Registration Assigned _____

Address _____ Phone _____

Date of Employment _____ Applicant's Title _____

*Note: All Trained Pool Operator Registrations will be sent to home address unless otherwise requested.

Pool Certification Course Attended at:

School/Agency _____ Date of Course: _____

Address _____ City _____
(copy of certificate is required)

First Time Registration? Yes ___ No ___ Re-certification? Yes ___ No ___

I understand that giving false information will be grounds for revocation of this registration certificate.
I hereby certify that the above information is true and accurate.

Applicant's Signature Date

Return all applications to:
City of Arlington
Neighborhood Services Dept.
201 E. Abram, Suite 720
Arlington, TX 76010